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MAR 1962
COUNTY BOROUGH OF OLDHAM



ANNUAL REPORT

OF THE

Principal School Medical Officer

J. T. CHALMERS KEDDIE

M.B., D.P.H.

1960

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(1965/61)

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SCHOOL HEALTH DEPARTMENT,

TOWN HALL,
 OLDHAM,
 December, 1961.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1960.

I have again to express regret at the late appearance of this report. Staff difficulties were again prominent in a busy year.

There were changes in the medical staff and the vacancies were not all filled. Dr. D. R. Edmiston left in March after less than a year's service, and Dr. G. C. Inerfield resigned in July. Dr. B. Gilbert secured the important post of Deputy Medical Officer of Health and Deputy Principal School Medical Officer to the County Borough of Sunderland, and left in November. Dr. Briffa Boothman joined the staff in September and Dr. J. E. Lunn in December.

The work during the year has continued along the stereotyped lines of previous years, and there has been no major change of policy or new approach introduced. The pressure of routine duties carried out by recently appointed staff, who have had no previous experience, affords little or no time for careful thought or new planning. It is also impossible to undertake any special investigation or enquiry into problems which present special interest or difficulty. Again there have been gaps in the service. No psychologist was available for the last eight months of the year and the Orthoptic Clinic was closed down for nearly three months. It is, however, pleasant to report that speech therapy was resumed in February, as Mrs. Audrey M. Carter, the new speech therapist, commenced duties at the beginning of the year.

Mr. James Fenton, the Principal School Dental Officer, deals fully with the problems of the School Dental Service. Once again it has not been possible to appoint a full-time dental officer to the staff—none being forthcoming. This situation is becoming chronic and a burden of responsibility and extra work falls upon Mr. Fenton and Mr. Woolley. It is true that several part-time dental officers have been employed and the total sessions they have worked have been very valuable, but they do not provide the 'stable' service of the full-time officer. The new dental clinic at Eagle Street opened early in the year and has shown the full value of a purpose built clinic. Working conditions are excellent and there is every facility for the staff, the patients and their relatives. The proximity of the clinic to the old Cannon Street premises has been an added advantage, and this re-siting has caused the very minimum of inconvenience.

The infectious diseases that caused toil and trouble were the two usual offenders—dysentery and measles. Dysentery was rampant during the first four months of the year, and infant and junior schools in many parts of the town were affected. Also many children suffered loss of schooling. There were 315 cases notified, 169 of which occurred in infant departments. It is passing strange that no cases of this disease were notified until 1937 and in subsequent years sporadic cases occurred. Since 1948, the disease has assumed epidemic proportions in almost every year. Measles was epidemic and 800 cases occurred amongst the younger children attending

school. There were 20 cases of whooping cough notified, 5 of whom had received the full course of protective injections. It is regretted that 3 cases occurred amongst children attending nursery schools and classes.

Diphtheria immunisation and poliomyelitis vaccination have again received the full co-operation of the teachers and no cases of these diseases occurred during the year. The co-operation of the infant teachers is particularly appreciated, as it is so essential that protection against these diseases in this group should be fully achieved. I must again stress the importance of parents accepting the offer of this protection for their children. It is very creditable that so many children now receive primary protection before school entry. Poliomyelitis has not yet been conquered but diphtheria has been absent now for over a decade.

There were 4 cases of pulmonary tuberculosis notified and confirmed, and all made satisfactory progress. These cases are fully reported upon in the body of the Report, but one was of special interest as she was a college entrant and only discovered on routine X-ray examination. I am pleased to report that after receiving treatment she was able to enter college.

The various defects found at the medical inspections, and the arrangements for treatment, are detailed in the body of the Report. Orthopaedic defects and nose and throat defects again head the list of defects found at the periodic inspections. It is disturbing to record that otitis media shows an incidence of 23.64 per 1,000 children examined. This calls for a definite review and enquiry. There has again been the closest co-operation with the staff of our local hospitals. The number of children awaiting operation for the removal of tonsils and adenoids at the end of the year totalled 43. This number cannot be regarded as of grave concern, as any urgent case receives priority of admission.

The deaths among school children totalled 6 for the year. No Oldham child died as the result of a road accident, but one death occurred due to burns and one due to drowning. One death followed an operation for squint. The remaining 3 deaths were due to medical causes and, in each case, the onset of illness was sudden and of short duration.

The year that has passed saw the coming into force of the Mental Health Act, 1959. The administration of this Act is primarily the responsibility of the Health Committee, but certain changes in the law affect local education authorities. Sections 11, 12 and 13 of the Act deal with the care and training of mentally sub-normal children and came into operation on the 1st November, 1960. Section 11 of the Mental Health Act substitutes new sections for Section 57 of the Education Act, 1944. These sections are concerned with children who, through a disability of mind are "unsuitable for education at school," and this phrase replaces the words "incapable of receiving education at school". Thus is implemented the recommendation of the Royal Commission that children should not be declared to be "ineducable" and that those severely sub-normal children who are unable to profit by education in ordinary or special schools should be recommended for training in training centres provided by the local health authorities or in hospitals. The new procedure as outlined in Circular 12/60 presents no difficulties or problems for your officers. There is the closest co-ordination, as your medical officers undertaking these examinations are also employed by the Health Committee and so reduplication of the medical examination of a child is avoided. The examining officer is also fully aware of the services available for training, which are provided by the Health Committee.

Sections 12 and 13 of the Mental Health Act empower authorities to compel the attendance at training centres of children who have been recorded by the local education authority as unsuitable for education at school. This may prove a useful clause for some authorities, but difficulties can be foreseen. Compulsion of an individual to receive treatment, training or care always presents grave difficulties and stresses and, if achieved, often fails in its real purpose. Nevertheless, there are occasions when the needs and interests of the individual or the community make some action urgent and necessary. It is of interest to place on record that since the 5th July, 1948, "the appointed day" of the National Health Service Act, there has been only one case where the parents have refused to allow their child to attend the Junior Training Centre. In spite of frequent approaches, and the exercise of every persuasion, the parents persisted in their refusal. This was to be regretted, as the child was a happy active mongol who would have benefited in every way from the training she would have received. Now, in the future, a problem will have to be faced when she is an adult and the parents are unable to give her care and attention.

This is the 25th Annual Report on the School Health Service which I have presented to you. My first Report was for the year 1936. On the 1st July of that year I commenced my duties as School Medical Officer. In this first annual report I presented to you a full report on "An Enquiry into the State of Nutrition and Physical Fitness of a Section of the School Population." This was a report on a research project which I had undertaken while Deputy Medical Officer of Health, and the primary object was to ascertain how and to what extent the severe trade depression, with its resulting prolonged unemployment and low wages, had affected the health and fitness of the school population. No evidence of gross ill health was found due to lack of nourishment, but 39 children out of 714 were found where insufficient nourishment due to low income was regarded as the chief cause of physical disability. The provision of school meals, selection being on a means basis and not medical, was found to be of very great value. Those were indeed the days of the hungry thirties. The wheel has now gone full circle. Today, poverty amongst our school children is almost unknown. In my recent inspection of some hundreds of slum properties, I have been struck by the few cases of poverty in the home. Our children today are hale and hearty, and enjoy good health, but new problems have arisen in the younger generation. Many of them have ample pocket money from their parents, and it is not always spent wisely and well. There is the distraction of the television in almost every home, with its possibly harmful influence on the vision of the viewer. Finally, there is the problem of the younger teenager, especially their social and emotional behaviour. We still have with us the "careless parent," who is quite unable to cope with the family, however fat is the wage packet she receives from her husband. There are some of the problems we have now to solve.

I wish to record my thanks to all members of the staff for their loyal service during the year.

My thanks are also due to the Chairman and Members of the Ancillary Services Sub-Committee for their interest and support. Their help and enthusiasm are much appreciated. Finally, I am grateful for the help and co-operation which are so freely afforded by the Director of Education and his staff, and also by the teachers.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. T. CHALMERS KEDDIE,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

Principal School Medical Officer

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officer

J. Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers

Edna Circuitt, M.B., Ch.B., D.P.H.

Basil Gilbert, M.R.C.S., L.R.C.P., D.P.H. (to 30-11-60)

G. C. Inerfield, L.R.C.P., L.R.C.S., L.M. (to 23-7-60)

H. C. Jennings, M.B., Ch.B., D.Obst.R.C.O.G.

D. R. Edmiston, M.B., Ch.B., D.P.H. (to 31-3-60)

J. Briffa Boothman, M.D. (Malta) (from 1-9-60)

J. E. Lunn, M.D., D.P.H., D.P.A. (from 15-12-60)

Principal School Dental Officer

J. Fenton, L.D.S.

Dental Officers

J. H. Woolley, L.D.S.

Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *Anæsthetist*

J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. *Aural Surgeon*

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P. *Ophthalmic Surgeon*

D. Hilson, M.A., M.B., B.Chir., D.C.H., M.R.C.P. *Pædiatrician*

OPHTHALMIC SURGEON

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

Child Guidance Clinic

Consultant Psychiatrist

Dr. Arthur Pool, M.B., Ch.B., M.R.C.P., D.P.M.

Educational Psychologist

J. Ryan, M.A. (to 30-4-60)

Orthoptist

Mrs. H. Heald, D.B.O. (to 28-7-60)

Superintendent School Nurse

Miss A. W. Moordaff, S.R.N., H.V.Cert.

Deputy Superintendent School Nurse

Miss C. Williamson, S.R.N., S.C.M., H.V.Cert.

Senior School Nurse

Mrs. H. Emmott, S.R.N., S.R.F.N., H.V.Cert.

School Nurses

'A' Mrs. C. Reeves	'E' Mrs. O. Knott *
'A' Mrs. C. Smith	'A' Mrs. M. McKenna
'E' Mrs. D. Spencer *	'A' Miss S. E. Nixon
'A' Mrs. M. Hartley (née Hall)	'A' Mrs. A. M. Walshe
'C' Mrs. B. Stott	'A' Mrs. N. Carey (to 23-6-60)
'A' Mrs. S. Clayton	'B' Mrs. B. Buckley (to 6-2-60)
'A' Mrs. M. A. Sencicle	'D' Mrs. H. Eglin*
'A' Miss M. Slater	'B' Miss I. Fisher
'A' Mrs. W. Frost (to 31-5-60)	'A' Miss J. Hitchen
'A' Mrs. N. M. McWiggin (from 4-7-60)	'B' Mrs. P. Lewis (from 4-7-60)
'B' Mrs. H. Hughes (from 1-10-60)	'B' Mrs. I. Seddon (from 4-7-60)

Nursing Auxiliary

Mrs. E. Doolan, S.E.A.N.

- 'A' S.R.N., S.C.M., H.V.Cert.
- 'B' S.R.N., H.V.Cert.
- 'C' R.S.C.N., H.V.Cert.
- 'D' S.R.N., S.R.F.N.
- 'E' S.R.N.

* Temporary—Part-time.

SCHOOL CLINICS

Minor Ailment Clinics

Gower Street	—Monday-Friday, 9 a.m. to 10-30 a.m.
Scottfield (off Ashton Road)	—Monday-Friday, 9 a.m. to 10-30 a.m.

Dental Clinics

Eagle Street	—By Appointment
Gower Street	— " "
Gainsborough Avenue	— " "

Ophthalmic Clinic

Scottfield	—Monday	9 a.m.	} (By appointment only)
	"	2 p.m.	
	Wednesday	2 p.m.	
	Thursday	4 p.m.	
	Friday	2 p.m.	

Orthoptic Clinic

Scottfield	—By appointment only.
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Consultant Aural Clinic

Scottfield	—Friday, 9-45 a.m. (By appointment only)
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Speech Therapy Clinic

Gainsborough Avenue	—Daily, Monday to Friday (By appointment only)
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Child Guidance Clinic

Honeywell Lane	—By appointment only.
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ANNUAL REPORT

STAFF

In March Dr. D. R. Edmiston left the service following his appointment to the post of Assistant Medical Officer of Health, Kingston-upon-Hull, and at the end of the year this post had not been filled. Dr. G. C. Inerfield resigned in July to enter general practice, and he was succeeded by Dr. J. Briffa Boothman who commenced duties in September. Dr. B. Gilbert left the service in November having been appointed Deputy Medical Officer of Health/School Medical Officer/Port Medical Officer to the County Borough of Sunderland. In December, Dr. J. E. Lunn commenced duties.

The staffing of the Dental Service continued to be unsatisfactory, although we were fortunate to obtain the services of part-time Dental Officers for a limited number of sessions.

Dr. Arthur Pool continued to assist as Consultant Psychiatrist at the Child Guidance Clinic, and until he resigned in April, Mr. J. Ryan, the Public Health Department Psychologist, devoted two sessions per week to the service. The post of full-time Educational Psychologist was still unfilled at the end of the year.

Mrs. H. Heald, Orthoptist, was employed for six sessions per week at the Orthoptic Clinic until she resigned her duties at the end of July when she left the district. Despite repeated advertising it was not possible to fill the vacancy and the Orthoptic Clinic ceased to function until October when Miss Schofield, a fully trained orthoptist, was appointed temporarily to assist in the Clinic.

In January Mrs. Audrey M. Carter was appointed to the post of Speech Therapist. This post had been vacant since July, 1959.

Liaison

All the Medical Officers employed in the School Health Service are also Assistant Medical Officers of Health and undertake duties in the Public Health Department.

The Superintendent Health Visitor is also the Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the Public Health Department. All Health Visitors are appointed as Health Visitor/School Nurse and undertake duties in the School Health Service. Owing to the difficulty of obtaining School Nurses with the Health Visitor's Certificate, qualified nurses are employed in a temporary capacity.

SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

I am indebted to Mr. M. Harrison, Director of Education, for the following information:—

- (1) The following new schools were completed and occupied during the year:—
 - (a) Breeze Hill County Secondary School (Pupils and staff transferred from Robin Hill County Secondary School!).
 - (b) Holy Rosary Junior and Infant School, Fitton Hill.
- (2) The following additions and adaptations were completed during the year:—
 - (a) Castleshaw Camp School — remodelling of dormitory accommodation.
 - (b) New dental clinic — Eagle Street.
- (3) The following new schools have been included additionally in the building programme approved for the Oldham Authority for 1960/61:—
 - (a) St. Alban's R.C. School.
 - (b) St. Martin's Church of England Junior School, Fitton Hill.
 - (c) Marland Fold Educationally Sub-Normal School.
- (4) The following new school has been included in the building programme approved for the Oldham Authority for 1961/62:—

Deanshut County Infant School.
- (5) The following adaptations were under construction, but not ready for use at the end of the year:—
 - (a) Greenhill Grammar School—Lavatory Block.
Greenhill Grammar School—Remodelling Cloakrooms.
 - (b) Higginshaw Secondary and Junior Schools—Internal Lavatory and Staff Room Accommodation.
 - (c) Werneth County Junior and Infant Schools—Internal Lavatory and Staff Room Accommodation.
 - (d) Improvements to Staff Rooms in Various Schools.
- (6) The following schools closed at the end of the year:—
 - (a) Coldhurst Voluntary Junior School.
 - (b) All Saints' Voluntary Infants and Junior School.
 - (c) St. Andrew's Voluntary Junior School.

These Schools will be replaced by St. Hilda's Voluntary Junior and Infant School to be housed, after structural alterations, in the premises formerly occupied by Robin Hill County Secondary School.

- (7) The following new dining room was completed during the year:—

St. Patrick's R.C. School.

- (8) The following new dining rooms and kitchen were under construction, but not ready for use at the end of the year:—

(a) Hathershaw County Primary School.

(b) Strinesdale Open Air School.

School Accommodation.—The number of children on the register in December, 1960 was 18,493, a decrease of 173 compared with the previous year. The distribution is as follows:—

	Sen. & Jun.	Infants
County Primary and Secondary Modern Schools ...	8,388	3,183
Voluntary Primary and Secondary Modern Schools	3,525	1,502
	<hr/> 11,913	<hr/> 4,685
Counthill Grammar School	641	
Greenhill Grammar School	465	
Hathershaw Technical High School	486	
Junior School of Art	47	

Special Schools:—

Beever Special School—	
Deaf and Partially Deaf	24
Scottfield Special School—	
Physically Handicapped	22
Chaucer Special School—	
Educationally Subnormal	105
Waterhead Special School—	
Partially Sighted	14
Strinesdale Open Air School—	
Resident	30
Non-resident	61

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued and 5,104 children were examined at these inspections.

The number of children inspected in the age groups is as follows:—

Entrants	1,779
11 year olds	2,018
Leavers	1,307
	<hr/>
	5,104
	<hr/>

In addition, 183 children in nursery schools and classes were examined.

Of the 1,779 entrants examined, 671 (37.72 per cent) were found to have been vaccinated against smallpox. This compares with 35.25 per cent for the previous year.

The following figures show the incidence of certain defects in the 5,287 children who were examined:—

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media	125	23.64
Nose or Throat	192	36.32
Speech	71	13.43
Cervical Glands	17	3.22
Heart and Circulation	32	6.05
Lungs	43	8.13
Hernia	14	2.65
Epilepsy	13	2.46
Orthopædic	252	47.66

Further details of defects found, etc., are given in Part II of the Ministry of Education Medical Inspection Returns.

General Condition of Children Inspected

Of the 5,287 children examined at periodical medical inspection, 4 were classified as unsatisfactory, which is .08 per cent of those examined.

All children whose physical condition is considered to be unsatisfactory are referred for special examination and investigation of the medical and social factors which appertain.

Special Inspection

The medical officers made 1,834 special inspections and 1,725 re-inspections. These inspections were made at the clinics or in the schools.

Audiometry

The routine testing by pure tone audiometry continued throughout the year in Infant Schools and 1,379 children were examined by the "pure tone sweep test." 45 children failed the test and were referred for re-examination.

Summary of children referred:—

Found on re-test to have normal hearing	16
For re-test or further observation	5
Already under investigation by own Medical Practitioner	2
To be investigated by own Medical Practitioner	2
Already attending Manchester Royal Infirmary	1
Already attending Aural Clinic	5
Referred to Aural Clinic	14

Of the 14 children referred to the Aural Clinic 13 were seen by the Consultant Aural Surgeon at the School Clinic. The other child failed to keep appointments and on enquiries being made it was learned that treatment was being sought elsewhere.

The diagnosis made by the Consultant Aural Surgeon in respect of each of the 13 children referred to him is as follows:—

- Case 1 “Bilateral middle ear deafness.”—For review after Tonsils and Adenoids operation.
- Case 2 “Bilateral middle ear deafness.”—Tonsils and Adenoids removed and remains under supervision.
- Case 3 “Unilateral hearing loss of perceptive type.”—Still under clinical supervision.
- Case 4 “Slightly bilateral catarrhal deafness.”—Improving with treatment.
- Case 5 “Unilateral catarrhal deafness.”—Under treatment and awaiting Tonsils and Adenoids operation.
- Case 6 “Unilateral deafness due to old otitis media.”—Under treatment.
- Case 7 “Unilateral catarrhal deafness.”—Improved after treatment.
- Case 8 “Severe unilateral perceptive deafness.”—Still under observation.
- Case 9 “Bilateral catarrhal deafness.”—Improved after removal of adenoids.
- Case 10 “Bilateral middle ear deafness.”—Has had Tonsils and Adenoids operation and awaiting review.
- Case 11 “Bilateral middle ear deafness.”—Awaiting Tonsils and Adenoids operation.
- Case 12 “Bilateral middle ear deafness.”—Under treatment.
- Case 13 “Fairly severe bilateral deafness probably perceptive.”—May need special education.

Colour Vision

Tests for colour vision using the Ishihara Charts were commenced in April, 1956. Tests are carried out on children examined at the 11 year old periodic medical inspection. During the year 2,018 children received the test and 9 defects, in the boys tested, were recorded. No girls were found to have defective colour vision.

Secondary Grammar Schools

All children are examined prior to entering grammar schools and the school nurses make an annual visit to test the vision and measure the height and weight of all pupils in these schools. The routine medical examination is restricted to children entitled to leave school at the end of the school year, but any child who is thought to require a special examination can be brought to the notice of the medical officers when they visit the school.

The following table gives a summary of the results of the leavers' examination and the defects found:—

Number of leavers examined	239
General condition of leavers examined:—	
Satisfactory	239
Unsatisfactory	—
Defect or Disease Requiring Treatment:—	
Skin	3
Eyes — Vision	7
Developmental	2
Orthopædic	1

Uncleanliness Examinations

There is little change to report in the problem of head infestation. Statistical details are as follows with 1959 figures in brackets:—

Nurses first inspections in schools	50,218	(55,784)
Nurses re-inspections in schools	4,602	(6,341)
Number of school visits for first inspection	233	(382)
Number of school visits for re-inspection	500	(540)
Number of individual children found to be infested	1,061	(1,123)

The figure of 1061 individual children found to be infested represents 5.74% of the total school population (6.01% in 1959).

Although there is little significant statistical change there is a definite impression that the degree of infestation seen is very much less in most cases than it was a few years ago. Many of the families

concerned now use suitable insecticides regularly, usually in the form of shampoos, but achieve only partial success in eradicating the infestation. Demonstration and advice on methods of cleansing is given in the clinics and a nursing auxiliary keeps under regular observation a number of children from families where, for various reasons, there is no mother to carry out this task.

No cleansing notices in accordance with Section 54 of the Education Act, 1944, were served during the year.

EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,068 children examined as secondary school leavers was sent to the Youth Employment Officer. Types of work for which any child is, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 91 children from one or more of the following categories of work:—

1 Heavy manual work	6
2 Sedentary work	4
3 Indoor work	—
4 Work involving prolonged standing, much walking, or quick movement from place to place	3
5 Exposure to bad weather	6
6 Work involving wide changes in temperature	1
7 Work in damp atmosphere	3
8 Work in dusty atmosphere	2
9 Work involving much stooping	—
10 Work near moving machinery or moving vehicles	3
11 Work at heights	2
12 Work requiring normally acute vision	39
13 Work requiring normal colour vision	29
14 Work requiring the normal use of hands	—
15 Work involving the handling or preparation of food	2
16 Work requiring freedom from damp hands or skin defects	—
17 Work requiring normal hearing	8

Copies of confidential school medical reports are also supplied on the application of a school leaver's medical practitioner.

In addition, children are medically examined as regards their suitability to enter employment outside of school hours. The number examined during the year was 467 and the occupations were as follows:—

Newspaper delivery	399
Errand Boys	14
Dancing and Acting	21
Shop Assistants	22
Delivery Boys	6
Car Park Assistants	2
General Assistants	3

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

At the request of the Director of Education appointments or home visits are made in cases of prolonged school absence. In almost every case there is consultation with the medical practitioner with beneficial results and, in some cases, special treatment is arranged for the case under review.

The co-operation and help of teachers, the inspector of the local branch of the N.S.P.C.C. and others connected with the welfare of children has been greatly appreciated.

The number of parents or other relatives attending the periodic medical inspections is as follows:—

	1959				1960	
Entrants	1,114	91.54%	...	1,640	92.19%	
11 year olds	1,207	82.93%	...	1,496	74.13%	
Leavers	265	11.61%	...	176	13.47%	

HOSPITAL AND SPECIALIST SERVICES

The Child Guidance and Orthoptic Clinics are the only specialist services maintained by the Education Committee. Other specialist provision is made by the Manchester Regional Hospital Board through the Oldham and District Hospital Management Committee which provides an Orthopædic Clinic at Gainsborough Avenue where school children can attend. A Pædiatric Out-Patients' Clinic is held at the Oldham and District General Hospital each Monday afternoon and Wednesday morning, and once a month on Friday afternoon.

The Consultant Pædiatrician, Dr. D. Hilson, is employed in a consultative capacity. Under this arrangement he gives advice and submits any special reports that may be required by the Principal School Medical Officer, and attends regular meetings when any problems are discussed. Co-operation is further effected by the Senior Assistant School Medical Officer, Dr. J. Starkie, making regular visits to the paediatric ward at the Oldham and District General Hospital when Dr. Hilson conducts a ward round.

Mr. J. Norman Appleton is employed as Consultant Aural Surgeon and undertakes the examination of deaf and partially deaf children. He also supervises the children in the Special School for Deaf and Partially Deaf Children.

Under the National Health Service any person requiring an individual hearing aid receives this free, and children in need of such an appliance are referred to the Hearing Aid Centre, Hardman Street, Manchester. Four children were provided with individual hearing aids during the year.

Dr. F. Janus is employed as Consultant Ophthalmic Surgeon and undertakes the examination of blind and partially sighted children and also supervises the children in the Special School for Partially Sighted Children.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at the Scottfield Clinic.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for all pupils for whom the authority accept responsibility included the following:—

Minor Ailments—School Clinics

The two school clinics at Gower Street and Scottfield have been open daily during the school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year 836 children made 4,443 attendances for treatment.

In addition to the treatment of minor ailments, special examinations of children referred by school nurses, teachers, parents, and school welfare officers, are carried out by the medical officers at the school clinics.

The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Particulars of the cases are given in Part III.

Scabies

The number of cases in school children totalled 36 compared with 55 in the previous year. Every effort is made to treat other members of the family who may be affected. Facilities for treatment are provided at the Gower Street Clinic and at the Health Yard, the facilities at the latter premises being used for the treatment of adult males.

The total numbers treated, which includes cases referred by general practitioners, are as follows:—

Pre-school children	8
School children	36
Adults:—	
Female	9
Male	6

Ringworm of the Scalp

No cases of this disease came to notice during the year.

General Hospital Treatment

Children requiring treatment are referred to the Oldham Royal Infirmary or the Oldham and District General Hospital. If requiring in-patient treatment they are usually admitted to the Children's Wards at these hospitals. The Senior Assistant School Medical Officer has continued to visit school children in the Oldham and District General Hospital.

Eye Diseases—Visual Defects

Ophthalmic Clinic

During the year, 2,176 examinations were undertaken by Dr. L. B. Hardman, and spectacles were prescribed or changed in 1,487 cases.

Children with extremely poor vision are referred to Dr. F. Janus, Consultant Ophthalmic Surgeon, in order to ascertain whether they would be suitable for admission to the Partially Sighted School.

Children with squint are now referred to the Orthoptic Clinic for investigation and treatment. Children who require other investigation or treatment are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary.

Orthoptic Clinic

Mrs. H. Heald, Orthoptist, was employed on a sessional basis until she resigned in July. From then until October the Clinic was closed because it was not possible to obtain the services of an orthoptist, despite repeated advertising. From the 17th October, Miss E. Schofield, a fully trained orthoptist, has been employed full time in the clinic; working under the supervision of Dr. L. B. Hardman, Ophthalmic Surgeon and Dr. F. Janus, Consultant Ophthalmic Surgeon.

The following details relate to the Clinic.

There were 1309 attendances made by school children and 37 pre-school children attended the clinic. There were 77 new cases referred to the clinic and 18 of these were pre-school children.

In certain cases operative treatment is advised, and the children concerned are referred to the Oldham Royal Infirmary and admitted without undue delay. During the year 12 children received such treatment at Oldham Royal Infirmary.

On 31st December 2 children were awaiting admission to Oldham Royal Infirmary for operative treatment.

The following figures relate to the work of the clinic throughout the year:—

Cases on register, 1st January 870

Cases referred during the year:—

Oldham Royal Infirmary	34	
Manchester Royal Eye Hospital	2	
Other Hospitals	2	
Scottfield Ophthalmic Clinic	34	
Ophthalmic Medical Practitioners	5	
	—	77

Cases removed from register:—

Cured	6	
School leavers	3	
Left district	3	
Cosmetically very good	12	
Improved	1	
	—	25

Cases on register 31st December — 922

Attendances during the year:—

Treatments	193
Occlusions	289
Tests	560
Observations	304
	— 1,346

Ear, Nose and Throat Defects

Children found to be suffering from these defects are referred to the Scottfield Aural Clinic, and by arrangement with the Manchester Regional Hospital Board, Mr. J. N. Appleton, Consultant Aural Surgeon to the Oldham Hospital Group, holds a weekly session. Children attend by appointment and any treatment prescribed is usually carried out at the school clinics. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the name is immediately placed on the waiting list for admission.

During the year 39 sessions were held and 120 new cases were examined. The total number of attendances was 392.

Children found to require operative treatment are admitted as in-patients to the Oldham and District General Hospital or the Oldham Royal Infirmary.

At the beginning of the year 57 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year the number was 43.

The number of children receiving operative treatment during the year was 40 compared with 64 in the previous year.

Orthopædic Defects

The arrangements for school children to receive treatment at the Orthopædic Clinic, Gainsborough Avenue, have continued. Mr. J. N. Nish, the Orthopædic Surgeon, is the Consultant responsible for the clinic but a weekly session is held by Dr. M. F. Johnstone. The majority of cases require advice and exercises and only a few cases require surgical treatment.

During the year, 161 school children were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet	123
Inverted Feet	2
Everted Feet	—
Other Foot Deformities	3
Knock Knee	14
Hammer Toes	—
Other Deformities of Toes	2
Postural Defects	11
Spastic	2
Depressed Sternum	1
Other Defects	2
Minor Injury	4

Hospital Schools

At the beginning of the year, 4 school children, all boys, were in hospital schools.

During the year information was received that two schoolchildren (1 boy and 1 girl) were admitted to these schools for the following conditions:—

Pulmonary Tuberculosis	1
Spina Bifida	1

There were 4 children, all boys, discharged from these schools during the year.

At the end of the year two children (1 boy and 1 girl) were in the following hospital schools.

Wrightington Hospital School	1
Warwickshire Orthopædic Hospital School	1

Convalescence

Arrangements exist for selected school children to be sent for convalescence and the cost is met by the Education Committee. The usual period of convalescence is four weeks but this is extended in special cases.

During the year, 3 girls were sent to the following convalescent homes:—

Tanllywynfan Home, Colwyn Bay	1
Margaret Beaven Home, Heswall	2

SCHOOL DENTAL SERVICE

Once again, it has not been possible to maintain the comprehensive service which was provided in past years. The only permanent staff has been the Principal School Dental Officer and one Dental Officer, Mr. J. H. Woolley.

I am indebted to Mr. James Fenton, Principal School Dental Officer, for the following report:—

The outstanding event of the year has been the opening of the new dental clinic at Eagle Street. This new clinic is a replacement of the dental clinic at Cannon Street, the premises of which have been converted into a Youth Centre. The re-siting of the new clinic in close proximity to the old building has eliminated a great deal of confusion which would have arisen since the old clinic had been in use since 1936.

The new clinic is a single storeyed building of modern design and has the following accommodation:—

- 1 Two surgeries with joint recovery room.
- 2 A waiting room.
- 3 Office and store room.
- 4 Laboratory and dark room.
- 5 Separate toilet accommodation for staff and patients.

The rooms are spacious and the lighting excellent. The floor covering and decorations are bright and attractive and the working conditions in this clinic are first class.

This is the first dental clinic provided by the Oldham Education Authority which has been built specifically for that purpose. The other dental clinics are housed in old buildings which have been adapted for use as dental clinics. Future policy should be to replace

these clinics by modern premises as speedily as possible. Particularly is this necessary with the clinic at Gower Street. This building is quite unsuitable for the housing of a modern dental clinic and has been in use for more than 30 years.

The policy during the last few years has been to replace old dental equipment by modern and more efficient equipment. It can now be justifiably claimed that the equipment at the dental clinics is in very good condition. When the clinics are re-housed in modern premises, such as the new building at Eagle Street, the working conditions for the staff will be very good and should prove attractive to any dental surgeon who might be interested in this type of work. In previous annual reports, when discussing the difficulty of obtaining dental officers, it has been stated that local authorities such as Oldham are less attractive residentially than many other areas. Hence it is essential that working conditions should be made as attractive as possible.

No full-time appointments have been made during the year. It is interesting to note that the age groups of the dental surgeons employed full-time in the School Dental Service (throughout the country) is high and many will be retiring during the next ten years. The Whitley Council announced an increase in the salary scales for full-time dental officers in October of this year but the recruitment of full-time dental officers does not appear to have increased materially.

The services of several part-time dental officers have been used during the year and whilst they have helped considerably, it is not as satisfactory as the employment of full-time staff. This applied to part-time staff who only work at the clinics for a very short period—often prior to commencing in general practice.

It is still a matter of speculation as to the effect the termination of National Service will have on recruitment to the School Dental Service.

The incidence of dental decay in children is still extremely high and there is a great need for an intensive dental health campaign in order to teach people correct oral hygiene and diatetic habits. Such preventive methods combined with the artificial fluoridation of drinking water would reduce considerably the amount of dental decay. The findings of the Ministry of Health's demonstration areas, where there has been artificial fluoridation of the drinking water, are eagerly awaited.

The number of children attending the clinics as "specials" i.e. (without appointment) complaining of toothache is still a major problem. The reduction of the interval between routine dental inspections in the schools is necessary if the number of these "specials" is

to be reduced. The attendance of large numbers of "specials" at the clinics seriously interferes with the routine work.

The dental service for expectant and nursing mothers and pre-school children has been provided by the staff of the School Dental Service but it has not been possible to expand this service owing to the shortage of staff.

The early age at which many children develop dental decay is shown by the number of pre-school children who are brought to the dental clinic complaining of toothache. The following were the age groups and numbers of pre-school children examined:—

1 year	3	3 years	199
2 years	46	4 years	150

The lengthy period between routine school inspections has been the main reason why so many children attend the dental clinics as "specials" (i.e. without appointment). These children are usually complaining of toothache.

Equipment

The policy of replacing old equipment at the school dental clinics has continued, and a number of items were purchased during the year.

Dental Inspection

Details of these inspections are to be found in the Ministry of Education Medical Inspection Returns (Part IV).

(a) **Periodic Inspections.**—During the year, 5,430 children received a periodic dental inspection. Of the children inspected, 3,981 were found to have dental defects and 3,191 were referred for treatment. It is not possible to refer for treatment all children with dental defects of the temporary dentition and a policy has to be adopted whereby the elimination of sepsis and pain are the main consideration.

The dental inspections were carried out on school premises and use of a portable light has greatly helped, particularly during the winter months.

(b) **Special Inspections.**—During the year 3,529 children received special inspections at the dental clinics. These are usually children who have developed toothache or who attend the clinics for advice regarding dental care.

In order to reduce the number of these cases it is necessary to have a fully staffed service and to conduct routine inspections at schools at twelve-monthly intervals or less if possible. The longer the period between periodic inspections, the greater will be the number of "specials."

Dental Treatment

Details of the dental treatment carried out are to be found in the Ministry of Education Medical Inspection Returns (Part IV).

Of the 7,395 children referred for treatment following periodic and special inspections 5,446 accepted and received treatment and the total number of attendances was 11,361.

3,785 fillings were inserted in permanent teeth and 366 fillings were put in temporary teeth.

The number of permanent teeth extracted was 3,543 as compared with 3,377 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 5,970 temporary teeth.

1,858 school children received a general anæsthetic for the extraction of teeth. In addition pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anaesthetist are particularly valuable at these sessions when very young children or children with poor medical histories attend.

Orthodontic Treatment

During the year 67 sessions have been devoted to orthodontic treatment i.e. treatment for the correction of irregular teeth and mal-occluding jaws. This work remains very popular with children and parents alike and is a most important aspect of juvenile dentistry.

Unfortunately this work has to be kept to a minimum due to the adverse staffing conditions.

The following is a summary of the work undertaken during the year:—

New cases commencing treatment	70
Cases completing treatment	27
Attendances	858
"Fixed" appliances fitted	6
"Removable" appliances fitted	96
"Mouth screens" fitted	11

X-ray Examinations

Full use has been made of the X-ray unit installed at Eagle Street Clinic and 164 films were taken.

Dentures

113 partial dentures were constructed for children who had lost front teeth, usually as a result of accidents.

9 protective caps were fitted to broken front teeth in order to protect them until the children are old enough for some type of permanent restoration.

Hospital and Consultant Facilities

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., Consultant Dental Surgeon to the Oldham Hospital Group, and are seen at his clinic at the Oldham and District General Hospital. Under this arrangement, 2 children were referred. In addition 4 children were referred to the Manchester Dental Hospital.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital and in cases where treatment under hospital conditions would be more beneficial, these children are admitted under his care.

CHILD GUIDANCE

The Child Guidance Clinic is held at the Honeywell Lane Child Welfare Centre.

Dr. Arthur Pool, Consultant Psychiatrist, continued to assist by undertaking one regular weekly session and until he left the Department at the end of April, Mr. J. Ryan, the Public Health Department Psychologist, devoted two sessions per week to this service. Unfortunately the post of Educational Psychologist was still not filled at the end of the year.

Social histories and home visits continued to be undertaken by the Mental Welfare Officers of the Public Health Department.

The following table shows the grouping of intelligence quotients of the 52 cases dealt with during 1960.

I.Q.	Boys	Girls	Total
70 and under	1	1	2
71—85	4	8	12
86—95	5	3	8
96—114	13	6	19
115—129	4	4	8
130 and over	—	3	3
	—	—	—
	27	25	52
	—	—	—
Closed before psychological test carried out	1	1	2
Awaiting test at 31st December, 1960	—	2	2
	—	—	—
	28	28	56
	—	—	—

CASES REFERRED	34
New cases	31
Old cases re-opened	3
Source of reference :—	
Director of Education	5
School Medical Officer	9
General Practitioners	13
Headteachers	3
Probation Officer	1
Speech Therapist	2
Ophthalmic Surgeon	1
	— 34
RECOMMENDATIONS	34
(a) Treatment	11
(b) Visiting by Mental Welfare Officer	2
(c) Cases to be reviewed	3
(d) Admission to Booth Hall Hospital	1
(e) Care of Children's Dept.	1
(f) Admission to Chaucer Special School	1
(g) Cases closed after treatment	3
(h) Cases closed after investigation	10
(i) Awaiting examination at 31st December, 1960	2
	— 34
CASES TREATED DURING THE YEAR	23
DR. POOL—29 sessions.	
Diagnostic interviews	27
Psychiatric interviews	51
Group Therapy sessions	23
School visits	3
Medical Examinations	1
Other interviews	7
EDUCATIONAL PSYCHOLOGIST	
Psychological Tests:—	
Diagnostic	21
Re-tests	1
Play therapy sessions	14
Interviews	13
ASSISTANT MEDICAL OFFICERS OF HEALTH	
Medical examinations	20
Psychological tests	2
School visits	1
Interviews	1

MENTAL WELFARE OFFICERS

Social histories	23
Home visits	191
School visits	21
Other visits	10
Play Therapy sessions	30

INFECTIOUS DISEASES

The following table shows the number of cases and deaths occurring in children (resident in Oldham and attending schools and nursery classes under the control of the Education Committee and also Oldham children attending schools maintained by the adjacent authorities) from certain infectious diseases:—

DISEASE	1960		Nursery Schools and Classes	PRIMARY SCHOOLS		SECOND- ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y School
Meningococcal Infections	—	—	—	—	—	—	—	—	—
Dysentery	315	—	21	169	94	24	2	1	4
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles	836	—	19	783	14	1	18	1	—
Scarlet Fever	57	—	3	35	15	3	1	—	—
Whooping Cough ...	20	—	3	11	6	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—
Tuberculosis—									
(a) Pulmonary	4	—	—	1	1	2	—	—	—
(b) Other forms	—	—	—	—	—	—	—	—	—

Diphtheria

No case occurred during the year.

Diphtheria Immunisation

The previous arrangements for diphtheria immunisation have been continued and immunisation sessions are held in schools and at the school clinics.

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy.

To maintain immunity against diphtheria during the period of their school life, it is essential that children immunised in infancy should receive two reinforcing injections, the first during their sixth year (on entering school) and the second during their eleventh year. This further protection is offered to all children.

The following figures indicate the number of children who received primary immunisation after entering school and also the number receiving reinforcing injections:—

Primary

Age in Years	5	6	7	8	9	10	11	12	13	14	15	Total
No. Imm.	92	79	18	12	6	9	51	17	5	1	—	290

Reinforcing Injections (1st and 2nd) — 1644.

Smallpox

No case occurred during the year.

Vaccination Against Smallpox

During the year, 15 children of school age received primary vaccination and 9 were re-vaccinated.

Meningococcal Infections

No case occurred during the year.

Measles

There were 836 cases compared with 429 cases in the previous year. The disease was prevalent during the last five months of the year when 799 cases occurred.

Scarlet Fever

There were 57 cases notified compared with 111 cases in the previous year.

Whooping Cough

There were 20 cases notified. Of these, five had received the full course of protective injections and were classified as follows:—

Severe	Moderate	Mild
—	1	4

Dysentery

During the year, 315 cases of dysentery were notified and in 308 cases, the Sonné organism was isolated. The disease was prevalent during the first six months of the year; most of the schools being involved in this outbreak.

Acute Poliomyelitis

No case occurred during the year.

Poliomyelitis Vaccination

During the year vaccination against poliomyelitis was available to all children of school age.

Vaccination consists of two injections of 1 c.c. with an interval of not less than three weeks between injections and a third injection not less than seven months after the second injection.

During the year, 440 children completed the primary course of two injections of poliomyelitis vaccine, and 5,102 children, who had previously completed the primary course, received the third injection.

The following table gives details of:—

(a) No of children who received a primary course of two injections of poliomyelitis vaccine; and

(b) No of children who received a third injection.

(a) **Primary Vaccination**

Year of Birth	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total 440
No. Vacc.	50	16	20	39	37	20	18	39	54	69	78	

(b) **Third Injections**

Year of Birth	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total 5,102
No. Vacc.	398	630	510	523	444	479	439	393	402	438	446	

School Exclusion

The following rules for the exclusion from school of cases and contacts of infectious diseases have been approved by the Ancillary Services Sub-Committee.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	7 days after discharge from hospital or home isolation but not less than 21 days from the onset of the disease subject to the patient being free from "cold in the head," discharge from nose or ear, sore throat or septic spots.	Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
		<p>Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded.</p> <p>A child who is known with certainty to have had the disease need not be excluded.</p>
German Measles	7 days from the appearance of the rash.	No exclusion.
Whooping Cough ...	28 days from the beginning of the characteristic cough.	<p>Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house.</p> <p>A child who is known with certainty to have had the disease need not be excluded.</p> <p>Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary.</p>
Mumps	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Smallpox	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Poliomyelitis ...	6 weeks from onset of illness. Will usually require much longer period for recovery.	21 days.
Encephalitis	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Typhoid Fever } Dysentery } Food Poisoning }	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.

B.C.G. Vaccination

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation:—

Vaccination of Contacts.—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year 47 school children (19 males, 28 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

Vaccination of School Children — In accordance with Ministry of Health Circular 22/53 the vaccination of older school children has been continued. In previous years B.C.G. vaccination has been offered to children who attained the age of 13 years during the calendar year. This method of selecting children was found to be inconvenient as children in this age group are not all in one class. In circular 7/59 the Minister of Health approved an extension to the existing arrangements which allowed for vaccination to be offered to whole classes and for our programme this year this method was adopted. The class chosen was the 12/13 year old group (i.e. children in the second year at a Secondary Modern School). The vaccination arrangements are under the control of the Medical Officer of Health and Medical Officers who have received special instruction in B.C.G. vaccination undertake these duties.

The following figures relate to the work undertaken during the year:—

No. of children offered B.C.G.	1354
No. of acceptances	686
Percentage accepting	51
No. excluded on medical grounds	7
No. completing skin testing	680
No. positive	133
Percentage positive	20
No. negative	545
No. receiving vaccination	545

Pulmonary Tuberculosis

During the year, 4 school children were notified and accepted as tuberculosis minus (sputum negative or absent).

No death occurred from pulmonary tuberculosis.

Case 1/60

A girl aged 5 years was referred to the Consultant Paediatrician because of loss of weight. She was admitted to Oldham and District General Hospital towards the end of December, 1959, and was diagnosed as a case of primary pulmonary tuberculosis. The case being notified in January of this year. She was discharged from hospital at the end of February from which date she received domiciliary treatment and chest clinic supervision. She progressed satisfactorily to return to school three months later.

Case 2/60

A girl aged 12 years was referred to the Consultant Paediatrician because of loss of weight, poor appetite and frequent colds. She was eventually diagnosed as a case of primary pulmonary tuberculosis and transferred to Wrightington Hospital. She was discharged from hospital two months later. The child received domiciliary treatment and chest clinic supervision. She progressed satisfactorily and returned to school three months later.

Case 3/60

A girl aged 18 years, attending a Grammar School, had a chest X-ray in connection with her application for admission to a Teachers' Training College. In view of the report on this X-ray she was referred to the Chest Clinic for further examination and was subsequently diagnosed as a case of pulmonary tuberculosis. She was admitted to Strinesdale Hospital for treatment and was discharged as quiescent four months later.

Case 4/60

A girl aged 9 years, attended the Chest Clinic as a home contact of a young infant, who died of tuberculosis of the lung and tuberculous meningitis, was diagnosed as a case of pulmonary tuberculosis. She was admitted to Wrightington Hospital and at the end of the year was still an in-patient at the hospital. She was reported to be making satisfactory progress.

Non-Pulmonary Tuberculosis

No case of non-pulmonary tuberculosis occurred during the year.

Tuberculosis—Special Investigations

The combined use of Mantoux testing and Miniature X-ray examination provides a valuable approach in the tracing of contacts and the ascertaining of early or missed cases of pulmonary tuberculosis where a known source of infection exists.

Where a group of children or individuals have been in close contact with an open case (sputum positive) a certain procedure should be followed. If the case occurs in a school:—

- 1—All staff should be Mantoux tested and X-rayed.
- 2—All children should be Mantoux tested.
- 3—Children who show a positive reaction should be X-rayed.

During the year there were no special investigations undertaken.

DEATHS IN SCHOOL CHILDREN

During the year, 6 deaths occurred in Oldham children attending schools maintained by the Education Authority. The following are brief details of these cases:—

Case 1—A girl aged 6 years. Death was due to:—

Toxaemia due to severe burns—clothes caught fire at home.

Death from misadventure.

Inquest.

This girl's clothes caught fire when she fell on to an open fire at home whilst playing with her five year old brother. A light fireguard had been provided which was inadequate protection.

Case 2—A boy aged 11 years. Death was due to:—

1 (a) Cerebral haemorrhage.

(b) Congenital aneurysm.

Post mortem without Inquest.

This boy was apparently in normal health. He collapsed and died whilst visiting relatives.

Case 3—A boy aged 7 years. Death was due to:—

Asphyxia due to drowning (misadventure).

Post mortem and Inquest.

This boy was one of a group of boys who were playing on a frozen mill lodge. He was drowned when the ice broke.

Case 4—A boy aged 5 years. Death was due to:—

Broncho-pneumonia following operation for cardiac arrest following operation for the cure of a squint.

Post mortem without Inquest.

Case 5—A girl aged 6 years. Death was due to:—

1 (a) Cerebral Oedema.

(b) Pontine tumour.

Post mortem.

This child apparently had a rapidly progressive brain tumour. She was admitted to hospital with symptoms of only 1-2 weeks duration and died within 24 hours of admission. No effective treatment was possible in these circumstances.

Case 6—A girl aged 12 years. Death was due to:—

1 (a) Aplastic Anæmia.

This child was admitted to hospital with a two weeks history of illness and a diagnosis of aplastic anæmia was made. She failed to respond to treatment and died in hospital a month after admission.

In addition the following death occurred:—

A girl aged 15 years attending an Oldham school but who lived outside the Borough was killed in a road accident. At the inquest a verdict of accidental death was returned.

NURSERY SCHOOLS AND CLASSES

The three nursery schools—Limeside, Derker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The facilities of the School Health Service are available to the children attending these schools and classes. During the year the medical officers made 18 routine visits.

HANDICAPPED PUPILS

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. Efficient and comprehensive provision continues to be made for these children and the facilities available are fully described in subsequent pages of the report.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. The Health Visitors are fully alive to the importance of such children being ascertained at the earliest age and if, in their opinion, any child comes into this category, they submit a special report so that the most appropriate action can be taken.

A number of these pupils are found at the first periodic medical inspection, others are referred by Head Teachers for medical opinion shortly after school entrance. The more efficient early ascertainment is the fewer will be the cases found at subsequent periodic inspections. A number of pupils are brought to notice after illness or prolonged hospital treatment.

In all cases of handicap it is necessary that experienced officers, and in certain cases a Consultant, should examine the child before a final decision is made. This procedure is strictly followed and each case is most carefully reviewed before a decision is finally made.

Pupils Suspected of Deafness

Children suspected of deafness are brought to the notice of the Medical Officers through the usual channels, but before such cases are accepted as handicapped pupils they are referred to Professor A. W. G. Ewing at the Department of Education of the Deaf, Manchester University. His help and advice is greatly appreciated. The Health Visitors and Medical Officers at the Welfare Centres are instructed to refer children suspected of deafness so that such children can be fully investigated at the earliest opportunity. During the year, 2 children were seen and the following recommendations received:—

- | | |
|--|---|
| (a) For admission to Beever Special School | 1 |
| (b) For further investigation | 1 |

Children Unsuitable for Education at School

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department but such children should be soon discovered and referred for examination. In any case of difficulty or doubt the opinion of the Consultant in Mental Deficiency is obtained.

During the year 2 children were reported to the Local Health Authority as being ineducable. No children were reported after the 31st October.

(a) Blind Pupils:—

“Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.”

Pupils found to be blind are admitted to special residential schools. At the beginning of the year one boy was resident at the Liverpool School for the Blind. In September he was transferred to Henshaw's School for the Blind, Manchester.

In January, a girl, aged 4 years, ascertained in August, 1958 was admitted to the Sunshine Home for Blind Babies, Southport. After spending two terms there, the ophthalmologist at the Home considered that she was not correctly placed in a School for the Blind. He recommended that she should be discharged from the Home and was of the opinion that by the time the child reached five years of age she may be able to cope with education as a partially sighted child. The child was discharged from the Home in July and had not reached compulsory school age by the end of the year.

(b) Partially Sighted Pupils:—

“Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”

These pupils are admitted to the Waterhead Partially Sighted School.

	Boys	Girls	Total
Number on register, 1st January	6	6	12
(2—outside the Borough)			
Number admitted during the year ...	2	1	3
(1—outside the Borough)			
Number discharged:—			
At age of 15	1	—	1
Number on register, 31st December...	7	7	14
(5—outside the Borough)			

There were 3 children admitted during the year with the following conditions:—

Congenital Subluxation of Lens	1
Nystagmus	2

A boy, aged 13 years, was admitted to the school at the request of the Lancashire County Authority.

The boy who left school on attaining the age of 15 years was found employment in a local brickworks.

(c) Deaf Pupils:—

“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

These pupils are usually admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January	9	6	15
(8—outside the Borough)			
Number admitted during the year ...	2	—	2
(2—outside the Borough)			
Number discharged during the year:—			
At age of 16	1	1	2
(1—outside the Borough)			
Number on register, 31st December...	10	5	15
(8—outside the Borough)			

One boy, who was resident outside the Borough at the beginning of the year, removed to an address within the Borough.

Two boys, both aged 4 years, were admitted at the request of the Lancashire County Authority.

One girl and one boy left the School on reaching the age of 16 years. The girl was found employment as a bookbinder. The boy, who was resident in an adjacent district, had not been placed in employment at the time he left school.

Residential Special Schools

At the beginning of the year 4 children (2 boys and 2 girls) were maintained by the Authority in the following residential special schools:—

St. John's Residential School, Boston Spa	1
Royal Cross School for the Deaf:	
Senior Department, Preston	2
Royal Residential Schools for the Deaf,	
Manchester	1

No children were admitted to residential special schools during the year and none left.

(d) Partially Deaf Pupils:—

“Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”

These pupils are admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January	4	6	10
(4—outside the Borough)			
Number admitted during the year ...	—	—	—
Number discharged during the year	—	1	1
(1—outside the Borough)			

Number left the area	—	1	1
(1—outside the Borough)			
Number on register, 31st December...	4	4	8
(2—outside the Borough)			

There were no admissions to Beever Special School during the year.

A girl, resident outside the Borough, was discharged during the year on reaching 16 years of age.

A girl aged 8 years, resident outside the Borough, was transferred to the Birkdale Residential School for Partially Deaf, Southport.

A lip-reading class is held at the Beever Special School. The children attending the class continue to attend their ordinary school but visit the Beever Special School twice a week for lip-reading instruction. There were no children awaiting admission at the end of the year.

Mr. J. N. Appleton, Consultant Aural Surgeon, makes regular visits to the Beever Special School. These visits afford an opportunity for problems concerning individual children to be discussed between the teachers, the Consultant Aural Surgeon and the medical staff of the School Health Service. Mr. Appleton also sees all the children periodically and any special treatment that may be required is arranged through the Scottfield Aural Clinic or the Oldham and District General Hospital.

(e) Educationally Sub-normal Pupils:—

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

Many of these children make satisfactory progress when placed in the special class at Beever County Junior School. This class provides places for 20 children.

During the year 85 examinations in respect of 81 children were carried out. These examinations are usually held at the Health Office, but some are undertaken in the schools and, in special cases, home visits are made.

The following is a summary of the recommendations made:—

(a) Found to be ineducable	2
(b) Requiring supervision on leaving school	6
(c) For admission to Chaucer Special School	22
(d) For admission to Special Class	4
(e) For further supervision	30
(f) No further supervision required	21

Residential Special Schools

No children were attending residential special schools at the beginning of the year and there were no admissions during the year.

During the year this Authority accepted financial responsibility for the maintenance of a child who was resident at Pontville Special School, Ormskirk, and whose parents removed from the Lancashire County area to an address within the Borough. At the end of the year this boy was still resident in the school.

Chaucer Special School

Educationally sub-normal children who require more specialised education than can be provided in a special class are admitted to the Chaucer Special School.

	Boys	Girls	Total
Number on register, 1st January	56	46	102
(28-outside the Borough)			
Number admitted during the year	16	4	20
(2-outside the Borough)			
Number discharged during the year	12	11	23
(9-outside the Borough)			
Number on register 31st December	60	39	99
(21-outside the Borough)			
Children discharged during the year			
at age 16	9	8	17
(7-outside the Borough)			
Left the district	3	3	6
(2-outside the Borough)			

Seventeen children left school on reaching the age of 16 years (Oldham 10, Lancashire County 5, West Riding 2).

Six of the Oldham children were notified to the Local Health Authority and five of these children were found suitable employment. One child, a girl who had deteriorated towards the end of her stay in school, was considered unfit for employment. She was admitted to the Alice A. Kenyon Industrial Centre but her attendances were unsatisfactory. She failed to make satisfactory progress and it was necessary for her to be admitted to Calderstones Hospital.

Four children were not notified to the Local Health Authority and three of these children were subsequently placed in employment. The fourth child, a boy, was admitted to the Wallingford Farm School, Oxfordshire.

Both West Riding cases were notified to the Local Health Authority and one, a girl, was admitted to the Alice A. Kenyon Industrial Centre. The other child, a boy, obtained employment himself. Two of the five Lancashire County cases were notified to the

Local Health Authority, and one was placed in employment. The other child, a boy, was on the waiting list for admission to the Arthurs Industrial Centre. The three children not notified to the Local Health Authority were all found employment.

(f) Epileptic Pupils:—

“Pupils who by reasons of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”

A boy aged 13 years was ascertained as requiring a place in a special residential school for epileptics and was admitted to Colthurst House School, Alderley Edge, Cheshire, in November.

(g) Maladjusted Pupils:—

“Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.”

Children are referred to the Child Guidance Clinic for advice and treatment.

A boy aged 14 years who was admitted to Chaigeley School, Thelwall, Warrington, in September, 1957, was still resident there at the end of the year.

A boy aged 12 years, who had been ascertained during 1959, as requiring a place in a special school for maladjusted children, was admitted in April to Chaigeley School.

A boy of 10 years was ascertained as requiring a place in a special school for maladjusted children and application was made for his admission to Chaigeley School. He was accepted and his name placed on the waiting list but he was still awaiting admission at the end of the year.

(h) Physically Handicapped Pupils:—

“Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.”

Children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life are admitted to the Scottfield Physically Handicapped School.

There were 7 children admitted during the year with the following defects:—

Congenital heart	1
Congenital heart and coeliac disease	1
Congenital heart and multiple defects	1
Spinal scoliosis	1
Encephalitic paralysis	1
Rheumatoid arthritis	1
Haemangioma of the spine and paralysis of the legs	1

	Boys	Girls	Total
Number on register, 1st January	12	12	24
(3-outside the Borough)			
Number admitted during the year	3	4	7
(2-outside the Borough)			
Number discharged during the year	4	3	7
Number on register, 31st December	11	13	24
(5-outside the Borough)			
Children discharged:—			
At age 15 (School leaver)	—	1	1
At age 16 (School leaver)	—	1	1
Fit to attend ordinary schools	2	—	2
Admitted to Residential Schools	2	1	3

One girl was given special permission to leave at the age of 15 years as she had the opportunity of securing employment as a trainee machinist.

The other school leaver was also a girl, who was physically and mentally handicapped. She was notified under Section 57 (5) as requiring supervision after leaving school. She was not considered fit for any form of employment.

Residential Special Schools

Two children continued to attend special schools throughout the year. One of these, a girl aged 15 years, with spastic quadriplegia, was admitted to Holly Bank Special School, Huddersfield in 1954. The other, a girl aged 8 years, suffering from multiple congenital deformities was admitted to Bethesda Special School in 1959.

Three children were admitted to residential special schools during the year.

Case 1. (J.M.D.)

A boy aged 6 years with Spina Bifida (paralytic dislocation of both hips) was admitted to Coney Hill Special School, Hayes, Kent, in January. He was transferred to Warwickshire Orthopaedic Hospital Special School in August, at his parents' request.

Case 2. (L.P.)

A boy of ten years with spastic quadriplegia was admitted to Bethesda Special School, Cheadle, Cheshire, in February.

Case 3. (G.B.)

A girl, 8 years of age, with spastic quadriplegia was admitted to Talbot House School, Glossop, in October.

Home Tuition

A girl, aged 7 years, suffering from cerebral palsy commenced home tuition in June and was still receiving this form of education at the end of the year.

(i) Pupils Suffering from Speech Defect:—

"Pupils who on account of defect or lack of speech not due to deafness require special educational treatment."

Speech therapy sessions were discontinued on the retirement of Miss J. E. Woodhead at the end of July, 1959. Some difficulty was experienced in replacing Miss Woodhead and it was not possible to find a successor until January of this year when Mrs. Audrey M. Carter was appointed.

Speech therapy sessions were resumed at the end of February, when accommodation at 60, Gainsborough Avenue was ready for use as a speech therapy clinic. This clinic is a great improvement on the previous one and offers accommodation for an additional therapist when such an appointment is made.

Group therapy for stammerers is held on three afternoons per week. Five sessions are held and each group consists of not more than five children.

Individual treatment for speech defectives is available at all other times by appointment.

Pre-school children found to have speech defects are also referred to Mrs. Carter, who arranges for an appointment to be made with the parent. It is not practical to treat children so young unless the case is exceptional but the parents are seen and advice is given.

I am indebted to Mrs. Audrey M. Carter for the following report:—

A number of experiments have been carried out and proved successful. It has been found that where there are large numbers of children requiring treatment in any one school, or district, it is more economical of time to treat them in school.

A class of 25 children at Limeside Junior School was found to have 17 children with a speech defect. The more serious cases were treated individually and the class taught as a whole for 30 minutes until July. The class teacher was present for the lessons and was

able to carry on daily with the work. The results were pleasing; only 4 children still needed individual treatment and in one case any improvement is unlikely because of the child's mental capacity.

Evening interviews for parents, in cases of real hardship or difficulty have been introduced and have been greatly appreciated. Only three such appointments have not been kept.

For the first time, a pupil from Chaucer Special School has been accepted for treatment and though progress has obviously been slower, co-operation from all concerned, particularly from the girl herself, has been of the highest standard and a pleasing improvement has taken place.

During the year older children and more urgent cases have been given priority, otherwise treatments have been given according to the waiting list. By December 31st all children referred in 1958 had been interviewed and treatment arranged.

I wish to express my appreciation to the head teachers, and welfare departments who have given me the utmost support and co-operation.

The following figures relate to the work of the clinic:—

Number on register at 1st January	
Stammerers	22
Speech defectives	13
	<hr/>
	35
	<hr/>
Number admitted for treatment during the year	
Stammerers	16
Speech defectives	82
	<hr/>
	98
	<hr/>
Number discharged during the year	
Stammerers	13
Speech defectives	49
	<hr/>
	62
	<hr/>
Number on register at 31st December	
Stammerers	25
Speech defectives	46
	<hr/>
	71
	<hr/>

The 62 children mentioned above were discharged for the following reasons:—

Satisfactory speech	51
Left school—speech much improved.....	5
Left the district	3
Withdrawn by parent	1
Withdrawn because of unsatisfactory attendance	1
Placed on supervision	1
	<hr/>
	62
	<hr/>

Number on register at 1st January

Stammerers	22
Speech defectives	13
	<hr/>
	35
	<hr/>

Number on waiting list at 1st January

Stammerers	26
Speech defectives	74
	<hr/>
	100
	<hr/>

* Number of children interviewed in schools and names added to waiting list

Stammerers	4
Speech defectives	162
	<hr/>
	166
	<hr/>

Total number of children requiring treatment

Stammerers	52
Speech defectives	249
	<hr/>
	301
	<hr/>

* Number of schools visited

Schools visited regarding special cases	8
Number of parents interviewed	102
Number of appointments not kept and no excuse given	42
	<hr/>

Total number of appointments 144

Home visits	4
Number of cases dealt with during the year ...	153
Treatment was refused in 6 cases by parents	

(j) Delicate Pupils:—

“Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested tuberculosis	—	2	2
Sub-normal nutrition and debility	11	8	19
Bronchitis and asthma	4	6	10
	—	—	—
Totals	15	16	31
	—	—	—

HOSPITAL TEACHING

The Oldham Royal Infirmary and the Oldham and District General Hospital each have a full-time teacher appointed for the children admitted for in-patient treatment.

CASTLESHAW CAMP SCHOOL

This camp school is situated at Delph and parties of children who are in their last year at school are taken to the camp for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

Alterations and adaptations involving the remodelling of the dormitory accommodation have taken place and this work was completed towards the end of the year. As a result of this it was not possible to use the camp for school parties during the year. It is hoped to resume the practice this coming year when it will be possible to accommodate mixed parties for the first time. The intention is that parties shall be made up as follows:—28 children (14 boys and 14 girls) with two teachers (one of each sex), or 28 children of one sex.

The parties assemble at their ordinary school at 9-0 a.m. on a Monday and they return the following Friday afternoon, leaving the school about 1-30 p.m. The parties are conveyed to and from the camp school by special bus.

All children are medically examined at the school clinic before proceeding to the camp school.

The curriculum allows the children attending the camp school to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. In the evenings special recreational activities are arranged by the teachers in charge of the parties.

The cost to the parents is 17/6d. per child per week but no child is debarred from attending because of the parents' inability to meet this charge.

The camp is also utilised throughout the year by various youth organisations who arrange for parties to attend at week-ends.

ATTENDANCE CENTRE—MEDICAL EXAMINATIONS

The Chief Constable, at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at the Waterloo Secondary Modern School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill and all the boys are medically examined.

During the year, 37 Oldham boys were examined by the Assistant medical officers and 37 were passed as fit to attend the centre.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING

Teachers entering the service of the Council from other authorities and new entrants to the teaching profession who have not been medically examined on completion of their course of training are examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department and during the year 85 teachers were examined.

The examination of candidates applying for admission to training colleges is the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations.

Candidates Applying for Admission to Colleges

During the year, 69 candidates (28 males, 41 females) were examined and a medical report completed and forwarded with form 4 RTC to the appropriate college authority.

In all but one case, a female aged 18 years, it was possible to pass the candidates as fit for admission to a course of training.

This candidate was a Grammar School pupil and an X-ray examination following a medical examination for entrants to college revealed early pulmonary tuberculosis. She could not be accepted as a college entrant and was admitted to hospital for treatment. She made good response and it is anticipated that the disease will be cured and she will be fit to enter college in a subsequent year.

All the candidates agreed to an X-ray examination.

Entrants to the Teaching Profession

Entrants to the teaching profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of Form 28RQ together with a medical report to the Ministry of Education and an X-ray examination is compulsory.

During the year, 43 medical reports (22 males, 21 females) were completed.

Ministry of Education Circular 248/52

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination.

MEDICAL RESEARCH COUNCIL

This was the final year of the large scale clinical trial which has been referred to in previous reports. Oldham is one of the authorities which has participated in the trial; the volunteers being young adults who left secondary modern schools during the 18 months September, 1951 to March, 1953.

During the year, the Unit visited the Borough in May and June to make follow-up examinations of the young adults already admitted to the scheme and 618 attended. These examinations were carried out by the Medical Research Council's Mass Radiography Unit at the Community Centre, Clegg Ctreet. The volunteers were asked to attend between 4-30 p.m. and 8 p.m.

The Medical Research Council has provided the medical, radiological and clerical staffs and the Mobile X-ray unit but the nursing staff of the School Health Service has undertaken the home visiting.

The Health Visitors and School Nurses have assisted in the follow-up and during the year visited the homes of volunteers in order to complete the follow-up reports.

I am indebted to Dr. D. N. Mitchell, Physician-in-Charge of the Unit for the following report:—

Medical Research Council

Clinical Trial of B.C.G. and Vole Vaccines

The intensive phase of follow-up of volunteers in the trial, which included an annual home visit by a member of the staff of the local Health Authority prior to attendance for annual chest radiograph, closed on 30th September, 1960.

A special drive was made throughout this final year with the object of obtaining a chest radiograph from each of the 777 volunteers who remained available within the Oldham area. The active co-operation of the Health Authority assisted us in obtaining the attendance of 618 (78%) of these volunteers at our mobile chest X-ray unit.

Following arrangements made via Regional Hospital Boards and with the authorities of Scotland and Northern Ireland, a series of quarterly returns designed to provide a continued follow-up are now being received by the Tuberculosis Research Unit, Holly Hill, Hampstead London, N.W.3. The yearly postal questionnaires which these young people have been asked to return throughout the Trial will also be continued for a further period.

The quarterly returns give details for the age group concerned covering notifications on account of all forms of tuberculosis and of those who come under clinical surveillance as possible cases of tuberculosis or sarcoidosis. A separate return gives the names of those within this age group who have received B.C.G. vaccination.

It is hoped, in particular, that an assessment of the duration of protection afforded by these vaccines given some nine years ago will be possible.

In accordance with these arrangements the field unit in Manchester closed on 25th March, 1961. In looking forward to your continued co-operation may I, on behalf of the Secretary (Miss M. Rooney) and the Staff of the Unit, in particular Mr. W. B. Fletcher who organised the special drive, express my sincere appreciation of the help given by all connected with the trial without whose co-operation the completion of the intensive phase of follow-up would not have been possible.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

A joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee, has been following the health, growth and development of a number of children, drawn from all social classes in all parts of Great Britain and who were born during the first week of March, 1946.

This Authority has co-operated with this joint Committee and a group of Oldham children are involved in the investigation. These children were in their last year of compulsory school attendance and had their final medical examination during the year. The Health Visitors have carried out home visits to obtain any necessary information required by the joint Committee and the Assistant Medical Officers have completed any medical examinations. There are at present 14 children involved in this enquiry.

EXAMINATION OF SCHOOL MEALS STAFF

The scheme for the examination and chest X-ray on appointment of all new entrants to the School Meals Service was continued.

During the year 122 new entrants were examined. In two cases commencement of duties was deferred owing to the following reasons:—

Case 1—Minor skin infection.

Case 2—Following the receipt of the report of the X-ray examination the entrant was referred to the Chest Physician for special examination and report. A satisfactory report was subsequently received.

In addition, two applicants for employment were referred to the Chest Physician following a routine X-ray examination and in view of the Chest Physician's further report they were classified as unsuitable for employment.

One other prospective employee was found to be unsuitable for employment owing to a chronic ear infection.

PROVISION OF MEALS

I am indebted to Mrs. F. Thompson, School Meals Organiser, for the following report:—

The year 1960 marked the closure of Gower Street Central Kitchen after nearly 50 years of producing meals for school children. This was the first and only school meals kitchen until 1944 when Hollinwood Central kitchen was opened.

Three more self contained school kitchens have been opened during the year. Freehold Junior and Infant K.D.R. was put into operation for cooking and serving meals in January. The kitchen and dining rooms have been built within the existing premises. The Junior dining room is also used as the gymnasium. Breeze Hill and Holy Rosary K.D.R.'s are attached to the school block. The kitchens are light and airy, they are equipped with modern stainless steel cooking and wash up facilities. The Authority's K.D.R.'s and dining centres have been equipped with stainless steel to replace outworn equipment. Wherever possible working surfaces including serving and preparation tables have been covered with formica.

Several alterations and hygienic improvements have been carried out in sculleries and kitchens. Canopies for extracting steam from cooking equipment and sterilizing sinks have been fitted in St. Anselm's R.C. kitchen, Higginshaw Secondary Modern and Clarksfield Junior school meals sculleries. The programme for the interior decoration of kitchen and sculleries has been carried out by the Authority.

Short practical training courses have been held during the holiday period for Supervisors and Cooks. The Authority now has one central kitchen and 21 self contained canteens providing meals for school children. Meals are also cooked and served on the premises for three nursery schools and three nursery classes. The average number of children having school meals per day at the end of the school year was :—

On payment	7750
Free	564
	<hr/>
	8314
	<hr/>

Milk in Schools

The provision of free milk to all children in schools maintained by the Authority and to non-maintained schools has been continued.

The average number of individual children provided with milk was 15,840 and during the year 2,815,810 one-third pints of milk were consumed.

PHYSICAL EDUCATION

I am indebted to Mrs. M. Henshall, the Woman Organiser of Physical Education and Mr. A. Etchells, the Man Organiser of Physical Education for the following report:—

1. Staff

The staff consists of the Man and Woman Organisers (Mr. A. Etchells and Mrs. M. Henshall), two full-time and two part-time pianists and four full-time and one part-time swimming instructors.

2. Conditions in Schools

Facilities for indoor physical activities in both secondary and primary schools was adequate with improvements and sealing of wooden floors which greatly improved the surface for both cleanliness and safety. One new secondary school opened at Breezehill and when the gymnasium apparatus is completed the facilities for gymnastics and showers will be excellent. The supply of plimsolls, small apparatus and games materials was maintained and schools were well stocked. Staffing still remains a problem and was worse this year, a number of secondary schools having no specialist teacher to take the physical education.

3. Courses

Many teachers attended courses during the year in different branches of physical education. These courses included one for women teachers of infants and gave further study of movement on agility apparatus, a similar course was held for men and women teachers of juniors. A group of women teachers attended a course for dancing, outside the borough. Games courses for men teachers were held in Basketball, Association Football and Rugby Football.

4. Games and Athletics

The Parks Department made their grounds and tennis courts available at certain times to the schools which helped the shortage of playing areas. The new school playing fields were carefully watched to ensure no deterioration in the condition of the fields. Inadequate playing space and waterlogged fields still hampered the school games and improvements here should be regarded as first priority. Basketball was introduced to all secondary schools and this is now being played at Inter-School level.

5. Swimming Instruction

Fewer children were given swimming instruction during the year due to the closure of one bath. However the children from junior schools received the same amount as previously as did the first and second year children in secondary schools. Thus a child still has the opportunity for four years' instruction. The number of children of thirteen and fourteen years of age who attended were fewer but every school was given a time to send at least one advanced class from these age groups. To supplement the loss, an after school class was arranged where children could attend who wished to take the Bronze medallion of the R.L.S.S. This was experimental and the response was so good that it is hoped the Education Committee will agree to continue this class.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1960

Part I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

Table A—Periodic Medical Inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	1,074	1,073	99.91	1	0.09
1955	691	690	99.86	1	0.14
1954	174	174	100	—	—
1953	14	14	100	—	—
1952	8	8	100	—	—
1951	1	1	100	—	—
1950	173	173	100	—	—
1949	1,127	1,126	99.91	1	0.09
1948	718	718	100	—	—
1947	—	—	—	—	—
1946	5	5	100	—	—
1945 and earlier	1,302	1,301	99.92	1	0.08
Total	5,287	5,283	99.92	4	0.08

Table B—Pupils Found to Require Treatment at Periodic Medical Inspections

(excluding Dental Diseases and Infestation with Vermin)

- NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1956 or later	5	169	134
1955	3	112	86
1954	3	20	27
1953	—	—	—
1952	—	—	—
1951	—	—	—
1950	6	33	35
1949	48	58	117
1948	19	12	25
1947	—	—	—
1946	—	—	—
1945 and earlier	60	22	77
Total	144	426	501

Table C—Other Inspections

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,834
Number of re-inspections	1,725
Total	3,559

Table D—Infestation with Vermin

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 50,218
- (b) Total number of individual pupils found to be infested 1,061
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... —
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... —

Part II—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1960

Table A—Periodic Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	4	25	4	4	11	15	19	44
5	Eyes—								
	(a) Vision	11	8	60	185	73	161	144	354
	(b) Squint ...	31	40	—	15	14	47	45	102
	(c) Other	3	8	—	11	2	10	5	29
6	Ears—								
	(a) Hearing ..	6	11	2	8	7	17	15	36
	(b) Otitis								
	Media ...	27	38	4	22	15	19	46	79
	(c) Other	6	10	1	—	2	7	9	17
7	Nose and Throat ...	59	83	4	2	16	28	79	113
8	Speech	25	26	1	2	2	15	28	43
9	Lymphatic Glands ...	1	11	—	—	—	5	1	16
10	Heart	1	19	—	5	—	7	1	31
11	Lungs	1	25	—	6	3	8	4	39
12	Develop- mental—								
	(a) Hernia ...	—	8	1	1	2	2	3	11
	(b) Other	2	22	2	2	4	25	8	49
13	Orthopædic—								
	(a) Posture ..	3	5	—	2	3	3	6	10
	(b) Feet	93	28	14	7	—	4	107	39
	(c) Other	17	36	3	7	16	11	36	54
14	Nervous System—								
	(a) Epilepsy .	—	6	—	2	—	5	—	13
	(b) Other	—	10	—	—	2	5	2	15
15	Psycho- logical—								
	(a) Develop- ment	—	1	—	—	1	4	1	5
	(b) Stability .	—	6	—	—	—	7	—	13
16	Abdomen	—	10	—	4	2	25	2	39
17	Other	3	24	—	1	—	7	3	32

Table B—Special Inspections

NOTE:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	314	14
5	Eyes—		
	(a) Vision	315	195
	(b) Squint	3	9
	(c) Other	35	13
6	Ears—		
	(a) Hearing	6	16
	(b) Otitis Media ..	7	7
	(c) Other	13	19
7	Nose and Throat ...	20	62
8	Speech	19	49
9	Lymphatic Glands ...	—	4
10	Heart	—	51
11	Lungs	—	52
12	Developmental—		
	(a) Hernia	—	5
	(b) Other	3	24
13	Orthopædic—		
	(a) Posture	—	4
	(b) Feet	9	4
	(c) Other	6	17
14	Nervous System—		
	(a) Epilepsy	—	8
	(b) Other	—	10
15	Psychological—		
	(a) Development ..	—	12
	(b) Stability	1	13
16	Abdomen	—	4
17	Other	297	199

Part III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

NOTES :—The following tables show the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	47
Errors of refraction (including squint)	3,059
	—
Total	3,106
	—
Number of pupils for whom spectacles were prescribed	2,215

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	13
(b) for adenoids and chronic tonsillitis ...	466
(c) for other nose and throat conditions...	46
Received other forms of treatment	28
	—
Total	553
	—
Total number of pupils in schools who are known to have been provided with hearing aids—	
* (a) in 1960	4
(b) in previous years	35

* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

Table C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	609
(b) Pupils treated at school for postural defects	—
	—
Total	609

Table D—Diseases of the Skin

(excluding uncleanness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	—
(b) Body	14
Scabies	36
Impetigo	23
Other skin diseases	248
	—
Total	321

Table E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	23

Table F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	133

Table G—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	37
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	3
(c) Pupils who received B.C.G. vaccination	543
(d) Other than (a), (b) and (c) above.	
Please specify	
Boils and other septic conditions	100
Cuts, bruises and abrasions	199
Other minor ailments	97
	—
Total (a)—(d)	979

Part IV—Dental Inspection and Treatment Carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(a) At Periodic Inspections	5430	
(b) As specials	3529	
	Total (1)	<u>8959</u>
(2) Number found to require treatment		7395
(3) Number offered treatment		6605
(4) Number actually treated		5446
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)		11361
(6) Half days devoted to :—		
(a) Periodic (School) Inspection	41 $\frac{3}{4}$	
(b) Treatment	998 $\frac{3}{4}$	
	Total (6)	<u>1040$\frac{1}{2}$</u>
(7) Fillings :—		
(a) Permanent Teeth	3785	
(b) Temporary Teeth	366	
	Total (7)	<u>4151</u>
(8) Number of teeth filled :—		
(a) Permanent Teeth	3600	
(b) Temporary Teeth	332	
	Total (8)	<u>3932</u>
(9) Extractions :—		
(a) Permanent Teeth	3543	
(b) Temporary Teeth	5970	
	Total (9)	<u>9513</u>
(10) Administration of general anaesthetics for extraction		1858
(11) Orthodontics :—		
(a) Cases commenced during the year		70
(b) Cases brought forward from previous year		107
(c) Cases completed during the year		27
(d) Cases discontinued during the year		11
(e) Pupils treated by means of appliances		101
(f) Removable appliances fitted		96
(g) Fixed appliances fitted		6
(h) Total attendances		858
(12) Number of pupils supplied with artificial teeth		113
(13) Other operations :—		
(a) Permanent Teeth	3245	
(b) Temporary Teeth	72	
	Total (13)	<u>3317</u>

Number of Children Reported to the Local Health Authority for the Purpose of the Mental Deficiency Act, 1913

(i.e., up to and including 31.10.60)

Under the Education Act, 1944:—	Male	Female	Total
(a) Section 57 (3)	—	2	2
(b) Section 57 (4)	—	—	—
(c) Section 57 (5):—			
On leaving special schools	3	2	5
On leaving ordinary schools	—	—	—
	<hr/>	<hr/>	<hr/>
	3	4	7
	<hr/>	<hr/>	<hr/>

Number of Children on whom Information has been passed to the Local Health Authority for the Purpose of the Mental Health Act, 1959.

(i.e. with effect from 1.11.60)

	Male	Female	Total
Children unsuitable for education at school	—	—	—
School leavers who are considered to require care and guidance after leaving school	—	2	2
	<hr/>	<hr/>	<hr/>
	—	2	2
	<hr/>	<hr/>	<hr/>

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Total
In the calendar year :—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes	1	3	—	—	25	8	18	1	1	57
B. Handicapped Pupils newly assessed as needing educational treatment at Special Schools or in Boarding Homes	—	3	—	3	31	4	20	1	1	63
On or about 20th Jan., 1961:										
C. Number of Handicapped Pupils from the area:—										
(i) on the registers of										
(1) maintained Special Schools										
(a) as Day Pupils ...	—	10	7	9	66	21	79	—	—	192
(b) as Boarding Pupils	—	—	—	—	30	—	—	—	—	30
(2) Non - maintained Special Schools										
(a) as Day Pupils ...	—	—	—	—	—	—	—	—	—	—
(b) as Boarding Pupils	3	1	4	1	—	5	—	2	1	17
(ii) Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	3	11	11	10	96	26	79	2	1	239
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) In other groups (e.g. units for spastics convalescent homes)	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	1	—	—	—	1

Continued overleaf

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Total
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who had not reached the age of 5 years and any such children who had reached the age of 5 years but whose parents had refused consent for their admission to a special school):—										
(i) Day	—	—	—	—	—	—	5	—	—	5
(ii) Boarding	—	—	1	—	—	1	—	1	—	3
F. Were on the registers of hospital special schools										1

In accordance with Ministry of Education form 21M this table only relates to Handicapped Pupils residing within the County Borough.

